

**2000 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 23, 2000 08:00 AM****Secretary of State****DOCUMENT # P96000102257**

1. Entity Name

L. LYNN KRAUM INC.

Principal Place of Business

4062 BETTIAN AVENUE

MILTON  
32583

FL

US

Mailing Address

4062 BETTIAN AVENUE

MILTON  
32583

FL

US

2. Principal Place of Business

7967 VIVERA CT.

Suite, Apt. #, etc.

3. Mailing Address

7967 VIVERA CT.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

JACKSONVILLE

FL

Zip  
32244Country  
US

City &amp; State

JACKSONVILLE

FL

Zip  
32244Country  
US

4. FEI Number

**59-3414368**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required**6. Name and Address of Current Registered Agent**KRAUM L. LYNN  
4062 BETTIAN AVENUEMILTON  
32583

FL

**7. Name and Address of New Registered Agent**

Name

KRAUM L. LYNN

Street Address (P.O. Box Number is Not Acceptable)

7967 VIVERA CT

City

JACKSONVILLE

**FL**Zip Code  
32244

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**04/23/2000**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE VS ☐ Delete  
NAME KRAUM Verna D.  
STREET ADDRESS 4062 BETTIAN AVE  
CITY-ST-ZIP MILTON FL 32583TITLE PT ☐ Delete  
NAME KRAUM L. LYNN  
STREET ADDRESS 4062 BETTIAN AVE  
CITY-ST-ZIP MILTON FL 32583TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE VS ☒ Change ☐ Addition  
NAME KRAUM Verna D.  
STREET ADDRESS 7967 VIVERA CT.  
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE PT ☒ Change ☐ Addition  
NAME KRAUM L. LYNN  
STREET ADDRESS 7967 VIVERA CT  
CITY-ST-ZIP JACKSONVILLE FL 32244TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: L. LYNN KRAUM

PT

04/23/2000